

An Uncommon Case of a Traumatic Corporal Cutaneous Fistula

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Abstract:

Penetrating perineal trauma is an unusual urologic injury. Even less common is a delayed presentation. Herein we present the case of a patient with delayed development of a corporal cutaneous fistula three months following perineal trauma.

Case:

A 19 year old man presented to clinic with persistent perineal bleeding with erections three months after falling onto a glass table. At the initial injury, a glass shard was removed from his perineum which was closed by a general surgeon. Three months later, the man developed perineal bleeding with nocturnal erections. Pelvic MRI identified a right proximal corpora cavernosum tear with fistulization to the perineum (Figure). These findings prompted exploration where the corporal injury was identified with active extravasation. The laceration was debrided and closed with interrupted 4-0 PDS. The wound was closed in layers. Recurrent bleeding two weeks later with a hemoglobin of 5.9ng/dL prompted perineal re-exploration twice. On first re-exploration, the corpora was closed with 2-0 PDS and a dartos flap after the original 4-0 PDS was noted to have ruptured. On second re-exploration, the 2-0 PDS was again ruptured, so the corporal bodies were completely mobilized off of the urethra, debrided, and the right corporal body was grafted with a 2x2cm AlloDerm graft along with 3-0 PDS. Artificial erection showed no extravasation. The patient had no further bleeding episodes and is 42 months from surgery with normal erectile function.

Corporal body injury from penetrating perineal trauma is uncommon especially without urethral injury (1, 2). The need for fistula tract debridement, wound closure in layers, and the potential for corporal grafting is highlighted here. Patients should be counseled regarding potential need for re-exploration and sexual dysfunction.

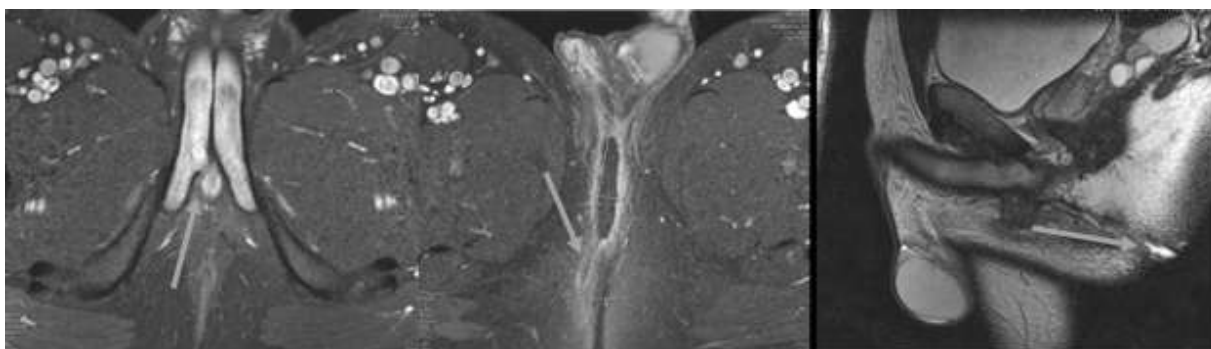


Figure: Pelvic MRI demonstrating extravasation from the corporal body along with the fistula tract to the perineum.

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